

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	T2	J2947	03/05/01
<b>RESPONSE FORMALITY REVIEW</b>	T2 M0	042 J001	02/10/01 09/11/01

**INDEX OF CLAIMS**

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	07/09/01
Original:	07/09/01
1 ✓	03/18/01
2 ✓	10/04/01
3 ✓	08/31/01
4 ✓	
5 ✓	
6 ✓	
7 ✓	
8 ✓	
9 ✓	
10 ✓	
11 ✓	
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46 ✓	
47 ✓	
48 ✓	
49 ✓	
50 ✓	

Claim	Date
Final	10/04/01
Original:	08/31/01
51 ✓	
52 ✓	
53 ✓	
54 ✓	
55 ✓	
56 ✓	
57 ✓	
58 ✓	
59 ✓	
60 ✓	
61 ✓	
62 ✓	
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Claim	Date
Final	
Original:	
101 ✓	
102 ✓	
103 ✓	
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143 ✓	
144 ✓	
145 ✓	
146 ✓	
147 ✓	
148 ✓	
149 ✓	
150 ✓	

BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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13-13-01